

**1999 Rhode Island
Behavioral Risk Factor Surveillance System Questionnaire**

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Introduction

February 17, 1999

A:\1999RIBRFSSQUESTIONNAIRE.DOC

HELLO, I'm _____ calling for the Rhode Island Department of Health. We're doing a study of the health practices of Rhode Island residents. Your phone number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this _____ ? **No** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **No** Thank you very much, but we are only interviewing private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed.
How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 4**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.

If "you," go to page 4

To correct respondent

Hello, I'm _____ calling for the _____. I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time. The interview may be monitored for quality assurance purposes, but all information obtained in this study will be confidential.

Section 1: Health Status

1.1. Would you say that in general your health is: (77)

Please Read

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4
- or**
- e. Poor 5

**Do not
read these
responses**

- Don't know/Not Sure 7
- Refused 9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (78-79)

- a. Number of days --
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (80-81)

- a. Number of days --
- b. None **If Q1.2 also "None," go to Q2.1** 8 8
- Don't know/Not sure 7 7
- Refused 9 9

- 1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (82-83)
- a. Number of days --
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (84)
- a. Yes 1
 - b. No **Go to Q2.3a** 2
 - Don't know/Not sure **Go to Q2.6** 7
 - Refused **Go to Q2.6** 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (85)
- a. Yes **Go to Q2.6** 1
 - b. No 2
 - Don't know/not sure 7
 - Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care? (86-87)

Is it coverage through: Coverage Code — —

Please Read

- | | |
|---|-----|
| a. Your employer Go to Q2.4 | 0 1 |
| b. Someone else=s employer Go to Q2.4 | 0 2 |
| c. A plan that you or someone else buys on
your own Go to Q2.4 | 0 3 |
| d. Medicare Go to Q2.6 | 0 4 |
| e. Medicaid or Medical Assistance, or RIteCare[or substitute
state program name] Go to Q2.4 | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA
[or CHAMP-VA] Go to Q2.4 | 0 6 |
| g. The Indian Health Service [or the Alaska
Native Health Service] Go to Q2.4
or | 0 7 |
| h. Some other source Go to Q2.4 | 0 8 |
| None Go to Q2.5 | 8 8 |
| Don't know/Not sure Go to Q2.4 | 7 7 |
| Refused Go to Q2.4 | 9 9 |

**Do not
read these
responses**

- 2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (88-89)

Coverage through: Coverage Code — —

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"

- | | |
|--|-----|
| a. Your employer | 0 1 |
| b. Someone else=s employer | 0 2 |
| c. A plan that you or someone else buys on your own | 0 3 |
| d. Medicare Go to Q2.6 | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service]
or | 0 7 |
| h. Some other source | 0 8 |
| None Go to Q2.5 | 8 8 |
| Don't know/Not sure Go to Q2.6 | 7 7 |
| Refused Go to Q2.6 | 9 9 |

Do not read these responses

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (90)
- | | |
|---------------------------------------|---|
| a. Yes Go to Q2.6 | 1 |
| b. No Go to Q2.6 | 2 |
| Don't know/Not sure Go to Q2.6 | 7 |

Refused **Go to Q2.6** 9

2.5. About how long has it been since you had health care coverage? (91)

Read Only if Necessary

a. Within the past 6 months (1 to 6 months ago) 1

b. Within the past year (6 to 12 months ago) 2

c. Within the past 2 years (1 to 2 years ago) 3

d. Within the past 5 years (2 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Never 8

Refused 9

2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (92)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

2.7. About how long has it been since you last visited a doctor for a routine checkup? (93)

Read Only if Necessary

**A routine
checkup is a
general phys-
ical exam, not
an exam for
a specific**

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 5 years (2 to 5 years ago) 3

injury, illness, or condition	d. 5 or more years ago	4
	Don't know/Not sure	7
	Never	8
	Refused	9

Section 3: Hypertension Awareness

- 3.1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (94)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q4.1 | 8 |
| Refused | 9 |

- 3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (95)

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q4.1 | 2 |
| Don't know/Not sure Go to Q4.1 | 7 |
| Refused Go to Q4.1 | 9 |

- 3.3. Have you been told on more than one occasion that your blood pressure was high, or have you

been told this only once?	(96)
a. More than once	1
b. Only once	2
Don't know/Not sure	7
Refused	9

Section 4: Cholesterol Awareness

4.1.	Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?	(97)
a.	Yes	1
b.	No Go to Q5.1	2
	Don't know/Not sure Go to Q5.1	7
	Refused Go to Q5.1	9
4.2.	About how long has it been since you last had your blood cholesterol checked?	(98)
	Read Only if Necessary	
a.	Within the past year (1 to 12 months ago)	1
b.	Within the past 2 years (1 to 2 years ago)	2
c.	Within the past 5 years (2 to 5 years ago)	3
d.	5 or more years ago	4
	Don't know/Not sure	7
	Refused	9
4.3.	Have you ever been told by a doctor or other health professional that your blood cholesterol is high?	(99)
a.	Yes	1

b. No	2
Don't know/Not sure	7
Refused	9

Section 5: Diabetes

5.1. Have you ever been told by a doctor that you have diabetes? (100)

If "Yes" and female, ask "Was this only when you were pregnant?"

a. Yes	1
b. Yes, but female told only during pregnancy	2 {skip to Section 6}
c. No	3 {skip to Section 6}
Don't know/Not sure	7 {skip to Section 6}
Refused	9 {skip to Section 6}

Module 1: Diabetes (from >98)

MOD1_1. How old were you when you were told you have diabetes? (188-189)

Code age in years [76 = 76 and older]	--
Don't know/Not sure	7 7
Refused	9 9

MOD1_2. Are you now taking insulin? (190)

a. Yes	1
b. No Go to RI1_4	2
Refused Go to RI1_4	9

MOD1_ 3. Currently, about how often do you use insulin? (191-193)

- a. Times per day 1 _ _
- b. Times per week 2 _ _
- c. Use insulin pump 3 3 3
- Don't know/Not sure 7 7 7
- Refused 9 9 9

MOD1_ 4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (194-196)

- a. Times per day 1 _ _
- b. Times per week 2 _ _
- c. Times per month 3 _ _
- d. Times per year 4 _ _
- e. Never 8 8 8
- Don't know/Not sure 7 7 7
- Refused 9 9 9

MOD1_ 5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"? (197)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

MOD1_ 6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? (198-199)

- a. Number of times --
- b. None **Go to RI1_9** 8 8
- Don't know/Not sure **Go to RI1_9** 7 7
- Refused **Go to RI1_9** 9 9

If "No," "Dk/Ns," or "Refused" to RI1_5, go to RI1_8.

MOD1_ 7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"? (200-201)

- a. Number of times --
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

MOD1_ 8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (202-203)

- a. Number of times --
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

MOD1_ 9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (204)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1

- | | |
|---|---|
| b. Within the past year (1 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago | 4 |
| e. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

MOD1_ 10. How much of the time does your vision limit you in recognizing people or objects across the street? (205)

Would you say: **Please Read**

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |

**Do not
read these
responses**

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD1_ 11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (206)

Would you say: **Please Read**

- | | |
|--------------------|---|
| a. All of the time | 1 |
|--------------------|---|

- | | |
|-----------------------------|---|
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |

**Do not
read these
responses**

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD1_ 12. How much of the time does your vision limit you in watching television? (207)

Would you say: **Please Read**

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |

**Do not
read these
responses**

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

(State-added question from >98)

RI1_14 Have you ever had a foot ulcer/sore/infection that took longer than two weeks to heal?

(416)

- | | |
|---------------------|---|
| Yes | 1 |
| No | 2 |
| Don't know/Not sure | 7 |
| Refused _____ | 9 |

(State-added question-new)

RI1_15 In the past 12 months, have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician, or pharmacist?

(417)

<u>a. Yes</u>	<u>1</u>
<u>b. No</u>	<u>2</u>
<u>Don't know/Not sure</u>	<u>7</u>
<u>Refused</u>	<u>9</u>

Section 6: Oral Health

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

Read only if necessary

Include visits to dental specialists, such as orthodontists	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 5 years (2 to 5 years ago)	3
	d. 5 or more years ago	4
	Don't know/Not sure	7
	Never	8
	Refused	9

6.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (102)

Include teeth lost due to "infection"	a. 5 or fewer	1
	b. 6 or more but not all	2
	c. All	3
	d. None	8
	Don't know/Not sure	7
	Refused	9

If "never" to Q6.1 or "all" to Q6.2, go to Q7.1.

6.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? (103)

Read only if necessary

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2

- | | |
|---|---|
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don=t know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

Section 7: Skin Cancer

- 7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (104)
- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q8.1 | 2 |
| Don=t know/Not sure Go to Q8.1 | 7 |
| Refused Go to Q8.1 | 9 |
-
- 7.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (105)
- | | |
|----------------|---|
| a. One | 1 |
| b. Two | 2 |
| c. Three | 3 |
| d. Four | 4 |
| e. Five | 5 |
| f. Six or more | 6 |

Don't know/Not sure 7

Refused 9

Section 8: Tobacco Use

8.1. Have you smoked at least 100 cigarettes in your entire life? (106)

**5 packs
= 100
cigarettes**

a. Yes 1

b. No **Go to Q9.1** 2

Don't know/Not sure **Go to Q9.1** 7

Refused **Go to Q9.1** 9

8.2. Do you now smoke cigarettes everyday, some days, or not at all? (107)

a. Everyday 1

b. Some days **Go to Q8.3a** 2

c. Not at all **Go to Q8.5** 3

Refused **Go to Q9.1** 9

8.3. On the average, about how many cigarettes a day do you now smoke? (108-109)

**1 pack = 20
cigarettes**

Number of cigarettes [**76 = 76 or more**]
Go to Q8.4 (p. 17)

--

Don't know/Not sure **Go to Q8.4 (p. 17)** 7 7

Refused **Go to Q8.4 (p. 17)** 9 9

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (110-111)

**1 pack = 20
cigarettes**

Number of cigarettes [**76 = 76 or more**]
Go to Q9.1

--

Don't know/Not sure **Go to Q9.1**

7 7

Refused **Go to Q9.1**

9 9

8.4. During the past 12 months, have you quit smoking for 1 day or longer? (112)

a. Yes **Go to Q9.1**

1

b. No **Go to Q9.1**

2

Don't know/Not sure **Go to Q9.1**

7

Refused **Go to Q9.1**

9

8.5. About how long has it been since you last smoked cigarettes regularly, that is, daily? (113-114)

Time code

— —

Read Only if Necessary

a. Within the past month (0 to 1 month ago)

0 1

b. Within the past 3 months (1 to 3 months ago)

0 2

c. Within the past 6 months (3 to 6 months ago)

0 3

d. Within the past year (6 to 12 months ago)

0 4

e. Within the past 5 years (1 to 5 years ago)

0 5

f. Within the past 15 years (5 to 15 years ago)

0 6

g. 15 or more years ago

0 7

Don't know/Not sure

7 7

Never smoked regularly

8 8

Refused

9 9

Section 9: Alcohol Consumption

- 9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (115)
- a. Yes 1
 - b. No **Go to Q10.1** 2
 - Don't know/Not sure **Go to Q10.1** 7
 - Refused **Go to Q10.1** 9
- 9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (116-118)
- a. Days per week 1 _ _
 - b. Days per month 2 _ _
 - Don't know/Not sure **Go to Q9.4** 7 7 7
 - Refused **Go to Q9.4** 9 9 9
- 9.3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (119-120)
- Number of drinks _ _
 - Don't know/Not sure 7 7
 - Refused 9 9
- 9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (121-122)
- a. Number of times _ _
 - b. None 8 8
 - Don't know/Not sure 7 7

Refused

9 9

9.5. During the past month, how many times have you driven when you've had perhaps too much to drink? (123-124)

- | | |
|---------------------|-----|
| a. Number of times | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Section 10: Demographics

10.1. What is your age? (125-126)

- | | |
|---------------------|-----|
| Code age in years | -- |
| Don't know/Not sure | 0 7 |
| Refused | 0 9 |

10.2. What is your race? (127)

Would you say: **Please Read**

- | | |
|-----------------------------------|---|
| a. White | 1 |
| b. Black | 2 |
| c. Asian, Pacific Islander | 3 |
| d. American Indian, Alaska Native | 4 |
| or | |
| e. Other: [specify]_____ | 5 |

**Do not
read these
responses**

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

10.3. Are you of Spanish or Hispanic origin? (128)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

10.4. Are you: (129)

Please Read

a. Married 1

b. Divorced 2

c. Widowed 3

d. Separated 4

e. Never been married 5

or

f. A member of an unmarried couple 6

Refused 9

10.5. How many children live in your household who are...

Please Read

Code 1-9
7 = 7 or more
8 = None
9 = Refused

a. less than 5 years old? _ (130)

b. 5 through 12 years old? _ (131)

c. 13 through 17 years old? _ (132)

10.6. What is the highest grade or year of school you completed? (133)

Read Only if Necessary

- a. Never attended school or only attended kindergarten 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) 5
- f. College 4 years or more (College graduate) 6
- Refused 9

10.7. Are you currently: (134)

Please Read

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or**
- h. Unable to work 8
- Refused 9

10.8. Is your annual household income from all sources: (135-136)

Read as Appropriate

**If res-
pondent
refuses
at any
income
level,
code
refused**

a. Less than \$25,000 **If "no," ask e; if "yes," ask b**
(\$20,000 to less than \$25,000) 0 4

b. Less than \$20,000 **If "no," code a; if "yes," ask c**
(\$15,000 to less than \$20,000) 0 3

c. Less than \$15,000 **If "no," code b; if "yes," ask d**
(\$10,000 to less than \$15,000) 0 2

d. Less than \$10,000 **If "no," code c** 0 1

e. Less than \$35,000 **If "no," ask f**
(\$25,000 to less than \$35,000) 0 5

f. Less than \$50,000 **If "no," ask g**
(\$35,000 to less than \$50,000) 0 6

g. Less than \$75,000 **If "no," code h**
(\$50,000 to \$75,000) 0 7

h. \$75,000 or more 0 8

**Do not
read these
responses**

Don't know/Not sure 7 7

Refused 9 9

10.9. About how much do you weigh without shoes? (137-139)

**Round
fractions
up**

Weight ---
pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

10.10. About how tall are you without shoes? (140-142)

Round	Height	_/__
fractions		ft/inches
down		
	Don't know/Not sure	7 7 7
	Refused	9 9 9

10.11. What county do you live in? (143-145)

FIPS county code	---
Don't know/not sure	7 7 7
Refused	9 9 9

State Module 1: City/Town (State Module 5: City/Town from >98)

RI1_1. TOWN What city or town do you live in? (415)

008A2 Abbott Run	014A9 Ashaway	026A7 Beverage Hill
018A5 Adamsville	008C2 Ashton	026B7 Birch Hill
017A7 Albion	007B7 Auburn	011C9 Black Plain
023A9 Allenton	011B9 Austin	022A9 Block Island
029A9 Alton	036A9 Avondale	020B9 Bonnet Shores
020A9 Anawan Cliffs		013A7 Bowdish
023B9 Annaquatucket	008D2 Ballou District	010A7 Boyden Heights
001A1 Annawomacutt	023C9 Barber Heights	005A9 Bradford
006A3 Anthony	014B9 Barberville	025A7 Branch Village
035A3 Apponang	001B1 Barrington	021A5 Brenton Village
019A5 Aquidneck	001C1 Bay Spring	033B5 Bridgeport
011A9 Arcadia	002A1 Beach Terrace	003A1 Bridgeton
038A3 Arctic	015A5 Beavertail	018B5 Briggs Point
006B3 Arkwright	007C7 Bellefonte	014E9 Brightman Hill
007A7 Arlington	023D9 Belleville	002B1 Bristol
008B2 Arnold Mills	008E2 Berkley	027A5 Bristol Ferry
035B3 Arnold Neck	014C9 Bethel	002C1 Bristol Highlands
002D1 Bristol Narrows	023E9 Brownings Hill	035C3 Brush Neck Cove

010B7 Bullocks Point	010C7 Crescent Park	(Pawtucket)
014F9 Burdickville	038D3 Crompton	039A7 Fairmont
034A1 Burr Hill	005D9 Cross Mill	028E7 Federal Hill
003B1 Burrillville	025B7 Crystal Lake	011F9 Fisherville
035D3 Buttonwoods	008F2 Cumberland	007J7 Fiskeville
	008G2 Cumberland Hill	(Cranston)
014G9 Canonchet		030C7 Fiskeville
005B9 Carolina	026C7 Darlington	(Scituate)
021B5 Castle Hill	023H9 Davisville	033D5 Fogland Point
002E1 Castle Island	007F7 Dean Estates	007K7 Forest Hills
027B5 Cedar Island	027E5 Despair Island	025C7 Forestdale
015B5 Cedar Point	008H2 Diamond Hill	021E5 Fort Adams
038B3 Centerville	035I3 Dryden Heights	010E7 Fort Hill
004A7 Central Falls	035J3 Duby Grove	021F5 Forty Steps
024A7 Centredale	036C9 Dunn's Corner	012B7 Foster
014H9 Champlin Hill	013D7 Durfee Hill	012C7 Foster Center
029C9 Chariho	015D5 Dutch Island	016A7 Fountain Spring
005C9 Charleston	027F5 Dyer Island	023I9 Fox Island
013B7 Chepachet	028A7 Dyerville	028F7 Fox Point
035E3 Chenlwanoxet		015E5 Freebody Hill
030A7 Chopmist Hill	007G7 Eagle Park	009B3 Frenchtown
013C7 Clarkville	033C5 Eagleville	024B7 Fruit Hill
012A7 Clayville (Foster)	009A3 East Greenwich	
030B7 Clayville (Scituate)	032A9 East Maturmuck	020C9 Galilee
038C3 Clyde	010D7 East Providence	007L7 Garden City
021C5 Coasters Harbor	031A7 East Smithfield	035K3 Gaspee Point
017B7 Cobble Hill	034C1 East Warren	003D1 Gazzaville
023F9 Cocumcussoc	019B5 Easton Point	024C7 Geneva
021D5 Coddington Point	003C1 Echo Lake	(North Providence)
034B1 Coggeshall	007H7 Eden Park	028G7 Geneva
023G9 Cold Spring	007I7 Edgewood	(Providence)
035F3 Coles	028C7 Elmhurst	031C7 Georgiaville
027C5 Common Fence Point	028D7 Elmwood	003E1 Glendale
007D7 Comstock Gardens	011D9 Escoheag (Exeter)	030D7 Glenn Rock
015C5 Conanicut	037A3 Escoheag	039B7 Globe
035G3 Conimicut	(West \n & Greenwich)	013E7 Glocester
027D5 Corey Lane	031B7 Esmond	021G5 Goat Island
006C3 Coventry	011E9 Exeter	035L3 Goddard Park
006D3 Coventry Center		032B9 Gould Crossing
035H3 Cowesett	017C7 Fairlawn (Lincoln)	015F5 Gould Island (East
007E7 Cranston	026D7 Fairlawn	Passage)
027G5 Gould Island	(Sakonnet River)	035M3 Governor Francis

016B7 Graniteville	030F7 Jackson	025D7 Manville
008I2 Grant Mills	015G5 Jamestown	(North Smithfield)
033E5 Grayville	038E3 Jericho	039D7 Manville
020D9 Great Island	020E9 Jerusalem	(Woonsocket)
032C9 Green Hill	016F7 Johnston	003I1 Mapleville
006E3 Greene		024G7 Marieville
031D7 Greenville	010F7 Kent Heights	032E9 Matunuck
035N3 Greenwood	005E9 Kenyon	035T3 Meadow View
016C7 Greystone	034D1 Kickamuit	027N5 Melville
(Johnstone)	032D9 Kingston	016G7 Merino
024D7 Greystone	037C3 Kitt's Corner	007Q7 Meshanticut
(North Providence)	007P7 Knightsville	007R7 Meshanticut Park
		019C5 Middletown
023J9 Hamilton	023K9 Lafayette	011J9 Millville
039C7 Hamlet	037D3 Lake Mishnock	037E3 Mishnock
001D1 Hampden Meadows	035Q3 Lakewood	036E9 Misquamicut
013F7 Harmony	003H1 Laurel Hill	003J1 Mohegan
006F3 Harris	027M5 Lawton Valley	022B9 Mohegan Bluffs
003F1 Harrisville	026E7 Lebanon	008K2 Monastery Heights
036D9 Haversham	011H9 Lewis City	032F9 Mooresfield
029D9 Hillsdale	011I9 Liberty	012E7 Moosup Valley
035O3 Hillsgrove	017D7 Lime Rock	016H7 Morgan Mills
027H5 Hog Island	017E7 Lincoln	014L9 Moscow
027I5 Homestead	035R3 Lincoln Park	016I7 Moswansicut Lake
006G3 Hope (Coventry)	017F7 Lincoln Woods	023L9 Mount View
007M7 Hope (Cranston)	038F3 Lippitt	031F7 Mountindale
030E7 Hope (Scituate)	018C5 Little Compton	028I7 Mount Pleasant
027J5 Hope Island	014K9 Locustville	
011G9 Hope Valley	035S3 Longmeadow	033F5 Nannaquaket
037B3 Hopkins Hill	017G7 Lonsdale	036F9 Napatree Point
006H3 Hopkins Hollow	017H7 Louisquisset	020F9 Narragansett
012D7 Hopkins Mills	(Lincoln)	020G9 Narragansett Pier
014J9 Hopkinton	024E7 Louisquisset	010G7 Narragansett Terrace
007N7 Horn Hill	(North Providence)	003K1 Nasonville
007O7 Howard	024F7 Lymansville	035U3 Natick
035P3 Hoxie		035V3 Nausauket
016D7 Hughesdale	028H7 Manton	035W3 Nesansett
027K5 Hummocks	008J2 Manville	022C9 New Harbor
003G1 Huntsville	(Cumberland)	022D9 New Shoreham
027L5 Island Park	017I7 Manville	021H5 Newport
	(Lincoln)	037F3 Nooseneck
023M9 North Ferry	012F7 North Foster	023N9 North Kingstown

024H7 North Providence
 012G7 North Scituate
 025E7 North Smithfield
 033G5 North Tiverton
 035X3 Norwood
 001E1 Nyatt

003L1 Oak Valley
 003M1 Oakland
 035Y3 Oakland Beach
 007S7 Oaklawn
 021I5 Ochre Point
 022E9 Old Harbor
 035Z3 Old Warwick
 028J7 Olneyville
 010H7 Omega

035AA3 Palace Garden
 003N1 Pascoag
 027O5 Patience
 026F7 Pawtucket
 007T7 Pawtuzet
 032G9 Peace Dale
 032H9 Perryville
 007U7 Pettaconsett
 006I3 Phenix
 010I7 Phillipsdale
 012H7 Pine Ridge
 036G9 Pleasant Hill
 036H9 Pleasant View
 023O9 Plum Beach
 027P5 Pocasset Heights
 020H9 Point Judith
 012I7 Ponagansett
 007V7 Pontiac
 (Cranston)
 035BB3 Pontiac
 (Warwick)
 002F1 Popasquash Point
 023P9 Poplar Point
 027Q5 Portsmouth
 027V5 The Hummocks

035CC3 Potowomut
 014M9 Potter Hill
 006J3 Potterville
 025F7 Primrose
 028K7 Providence
 027R5 Prudence Island

027S5 Quaker Hill
 023Q9 Quidnessett
 006K3 Quidnick
 017J7 Quinnville
 005F9 Quonochontaug
 023R9 Quonset Point

006L3 Rice City
 029G9 Richmond
 038I3 River Point
 035DD3 River View
 010J7 Riverside
 037G3 Robin Hollow
 030H7 Rockland
 014N9 Rockville
 032I9 Rocky Brook
 035EE3 Rocky Point
 021J5 Rose Island
 003O1 Round Top
 010K7 Rumford
 001F1 Rumstick Point

019D5 Sachuest
 018D5 Sakonnet
 003P1 Sand Beach
 020I9 Sand Hill Cove
 022F9 Sandy Point (New
 Shoreham)
 035FF3 Sandy Point
 (Warwick)
 036J9 Sandy Point
 (Westerly)
 011K9 Saunderstown
 030I7 Saundersville
 016L7 Thornton

003Q1 Saxonville
 017K7 Saylesville
 020K9 Scarborough
 030J7 Scituate
 002G1 Seal Island
 005G9 Shannock
 035GG3 Shawomet
 036K9 Shelter Harbor
 028L7 Silver Lake
 010L7 Silver Spring
 016K7 Simmonsville

003R1 Slatersville
 (Burillville)
 025G7 Slatersville
 (North Smithfield)
 011L9 Slocum
 028M7 Smith Hill
 031G7 Smithfield
 032J9 Snug Harbor
 039E7 Social
 007W7 Sockanosset
 007X7 South Auburn
 020L9 South Ferry
 012J7 South Foster
 032K9 South Kingstown
 027T5 South Portsmouth
 028N7 South Providence
 034E1 South Warren
 031H7 Spragueville
 035HH3 Spring Green
 013I7 Spring Grove
 006M3 Spring Lake
 010M7 Squantum
 028O7 Starvegoat Island
 031I7 Stillwater
 006N3 Summit
 009C3 Sun Valley
 003S1 Tarklin
 027U5 The Glen
 007Y7 Thornton

006O3 Tiogue	031J7 West Greenville
033H5 Tiverton	037H3 West Greenwich
033I5 Tiverton Four Corners	011M9 West Kingston
028P7 Tockwotton	038K3 West Warwick
021K5 Tonomy Hill	036N9 Westerly
034F1 Touissert	003U1 Whipple
032L9 Tower Hill	036O9 White Rock
032M9 Tuckertown	006R3 Whitman
018E5 Tunipus	037I3 Wickaboxet
027W5 Turkey Hill	023U9 Wickford
	023V9 Wickford Junction
025H7 Union Village	023W9 Wild Goose Point
029I9 Usquepaug	036P9 Winnapaug
	005H9 Wood River Jctn.
008L2 Valley Falls	026G7 Woodlawn
006P3 Vernon	007BB7 Woodridge
(Coventry)	029L9 Woodville
012K7 Vernon	011O9 Woody Hill
(Foster)	039F7 Woonsocket
	025J7 Woonsocket Hill
020M9 Wakefield	014P9 Wyoming
002H1 Walker Island	
003T1 Wallum Lake	011P9 Yawgoo Valley
024I7 Wanslucuk	014Q9 Yawgoog
034G1 Warren	
035II3 Warwick	97 Other (Specify)
035JJ3 Warwick Downs	77 Don=t Know
035KK3 Warwick Neck	99 Refused
006Q3 Washington	
007Z7 Washington Park	
(Cranston)	
028Q7 Washington Park	
(Providence)	
036L9 Watch Hill	
010N7 Watchemoket	
025I7 Waterford	
036M9 Weekapaug	
038J3 Wescott	
020N9 Wesquage	
007AA7 West Arlington	
001G1 West Barrington	
013J7 West Gloucester	

(Q55 is skipped for Rhode Island: auto-code in processing on town)

10.12. Do you have more than one telephone number in your household? (146)

a. Yes 1

b. No **Go to Q10.14** 2

Refused **Go to Q10.14** 9

10.13. How many residential telephone numbers do you have? (147)

Exclude dedicated fax and computer lines	Total telephone numbers [8 = 8 or more]	-
	Refused	9

10.14. Indicate sex of respondent. **Ask Only if Necessary** (148)

Male **Go to Q12.1** 1

Female 2

Now I have some questions about other health services you may have received.

Section 11: Women's Health

- 11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (149)
- a. Yes 1
 - b. No **Go to Q11.4** 2
 - Don't know/Not sure **Go to Q11.4** 7
 - Refused **Go to Q11.4** 9
- 11.2. How long has it been since you had your last mammogram? (150)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (151)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (152)
- a. Yes 1
 - b. No **Go to Q11.7** 2
 - Don't know/Not sure **Go to Q11.7** 7
 - Refused **Go to Q11.7** 9
- 11.5. How long has it been since your last breast exam? (153)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
- 11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (154)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

- 11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (155)
- a. Yes 1
 - b. No **Go to Q11.10** 2
 - Don't know/Not sure **Go to Q11.10** 7
 - Refused **Go to Q11.10** 9
- 11.8. How long has it been since you had your last Pap smear? (156)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
- 11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (157)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9

11.10. Have you had a hysterectomy? (158)

- A hysterectomy is an operation to remove the uterus (womb)**
- a. Yes **Go to Q12.1** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

If respondent 45 years old or older, go to Q12.1

11.11. To your knowledge, are you now pregnant? (159)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 12: Immunization

12.1. During the past 12 months, have you had a flu shot? (160)

- a. Yes 1
- b. No **Go to Q12.3** 2
- Don't know/Not sure **Go to Q12.3** 7
- Refused **Go to Q12.3** 9

12.2 At what kind of place did you get your last flu shot? (161-162)

Place code --

- Read Only if Necessary**
- a. A doctor=s office or health maintenance organization 0 1

b.	A health department	0 2
c.	Another type of clinic or health center [Example: a community health center]	0 3
d.	A senior, recreation, or community center	0 4
e.	A store [Examples: supermarket, drug store]	0 5
f.	A hospital or emergency room	0 6
g.	Workplace	0 7
h.	Other [specify]_____	0 8
	Don't know/Not sure	7 7
	Refused	9 9
12.3.	Have you ever had a pneumonia vaccination?	(163)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

Section 13: Colorectal Cancer Screening

If respondent 40 years or older, continue with Q13.1. Otherwise, go to Q14.1.

13.1.	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	(164)
a.	Yes	1
b.	No Go to Q13.3	2
	Don't know/Not sure Go to Q13.3	7

	Refused Go to Q13.3	9
13.2.	When did you have your last blood stool test using a home kit?	(165)
	Read Only if Necessary	
	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 5 years (2 to 5 years ago)	3
	d. 5 or more years ago	4
	Don't know/Not sure	7
	Refused	9
13.3.	A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?	(166)
	a. Yes	1
	b. No Go to Q14.1	2
	Don't know/Not sure Go to Q14.1	7
	Refused Go to Q14.1	9
13.4.	When did you have your last sigmoidoscopy or colonoscopy?	(167)
	Read Only if Necessary	
	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 5 years (2 to 5 years ago)	3
	d. 5 or more years ago	4
	Don't know/Not sure	7

Refused

9

Section 14: Injury Control

If core Q10.5a, b, and c are all "None," go to Q14.3.

Code <1 yr. as "01"	14.1.	What is the age of the oldest child in your household under the age of 16?	(168-169)
	a.	Code age in years	--
	b.	No children under age 16 Go to Q14.3	8 8
		Don't know/Not sure Go to Q14.3	7 7
		Refused Go to Q14.3	9 9

If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3.

Do not read these responses	14.2.	During the past year, how often has the [fill in age from Q14.1]-year-old child worn a bicycle helmet when riding a bicycle?	(170)
		Would you say: Please Read	
	a.	Always	1
	b.	Nearly Always	2
	c.	Sometimes	3
	d.	Seldom	4
		or	
	e.	Never	5
		Don't know/Not sure	7
		Never rides a bicycle	8
		Refused	9

- 14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? (171)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago) | 3 |
| d. One or more years ago | 4 |
| e. Never | 5 |
| f. No smoke detectors in home | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 15: HIV/AIDS

If respondent is 65 years old or older, go to Transition to Modules.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

- 15.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (172-173)

**Code 01
through 12**

- | | |
|---------------------|-----|
| a. Grade | -- |
| b. Kindergarten | 5 5 |
| c. Never | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

15.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom?
(174)

- a. Yes 1
- b. No 2
- Would give other advice 3
- Don't know/Not sure 7
- Refused 9

15.3. What are your chances of getting infected with HIV, the virus that causes AIDS?
(175)

Would you say: **Please Read**

- a. High 1
- b. Medium 2
- c. Low 3
- or**
- d. None 4

Not applicable **Go to Q15.7a** 5

Don't know/Not sure 7

Refused 9

**Do not
read these
responses**

15.4. Have you donated blood since March 1985? (176)

- a. Yes 1
- b. No **Go to Q15.6a** 2
- Don't know/Not sure **Go to Q15.6a** 7
- Refused **Go to Q15.6a** 9

	15.5.	Have you donated blood in the past 12 months?	(177)
	a.	Yes	1
	b.	No	2
		Don't know/Not sure	7
		Refused	9
	15.6.	Except for tests you may have had as part of blood donations, have you ever been tested for HIV?(178)	
Include saliva tests	a.	Yes Go to Q15.7	1
	b.	No Go to Transition to Modules	2
		Don't know/Not sure Go to Transition to Modules	7
		Refused Go to Transition to Modules	9
	15.6a.	Have you ever been tested for HIV?	(179)
Include saliva tests	a.	Yes Go to Q15.7a	1
	b.	No Go to Transition to Modules	2
		Don't know/Not sure Go to Transition to Modules	7
		Refused Go to Transition to Modules	9
	15.7.	Not including your blood donations, have you been tested for HIV in the past 12 months?	(180)
Include saliva tests	a.	Yes Go to Q15.8	1
	b.	No Go to Transition to Modules	2
		Don't know/Not sure Go to Transition to Modules	7
		Refused Go to Transition to Modules	9

15.7a.	Have you been tested for HIV in the past 12 months?	(181)
Include saliva tests	a. Yes	1
	b. No Go to Transition to Modules	2
	Don't know/Not sure Go to Transition to Modules	7
	Refused Go to Transition to Modules	9
15.8.	What was the main reason you had your last test for HIV?	(182-183)
	Reason code	--
	Read Only if Necessary	
	a. For hospitalization or surgical procedure	0 1
	b. To apply for health insurance	0 2
	c. To apply for life insurance	0 3
	d. For employment	0 4
	e. To apply for a marriage license	0 5
	f. For military induction or military service	0 6
	g. For immigration	0 7
	h. Just to find out if you were infected	0 8
	I. Because of referral by a doctor	0 9
	j. Because of pregnancy	1 0
	k. Referred by your sex partner	1 1
	l. Because it was part of a blood donation process Go to Transition to Modules	1 2
	m. For routine check-up	1 3
	n. Because of occupational exposure	1 4

o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9
15.9. Where did you have your last test for HIV?	(184-185)
Facility Code	--
Read Only if Necessary	
a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician=s office	0 7
h. Tuberculosis clinic	0 8
I. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4

o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9
15.10. Did you receive the results of your last test?	(186)
a. Yes	1
b. No Go to Transition to Modules	2
Don't know/Not sure Go to Transition to Modules	7
Refused Go to Transition to Modules	9
15.11. Did you receive counseling or talk with a health care professional about the results of your test?	(187)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Transition to Modules

Finally, I have just a few questions left about some other health topics.

Module 4: Health Coverage (Module 4: Health Care Coverage from 98)

If not known whether respondent has health care coverage ("Dk/Ns" or "Refused" to core Q2.1), go to next module.

I asked you previously about your health care coverage.

If respondent has no health care coverage ("None" to core Q2.3 or Q2.3a), continue. Otherwise, go to MOD4_2.

MOD4_1. What is the main reason you are without health care coverage?

Reason Code	(233-234)
	--
Read Only if Necessary	
a. Lost job or changed employers Go to Next Module	0 1
b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] Go to Next Module	0 2
c. Became divorced or separated Go to Next Module	0 3
d. Spouse or parent died Go to Next Module	0 4
e. Became ineligible because of age or because left school Go to Next Module	0 5
f. Employer doesn't offer or stopped offering coverage Go to Next Module	0 6
g. Cut back to part time or became temporary employee Go to Next Module	0 7
h. Benefits from employer or former employer ran out Go to Next Module	0 8
i. Couldn't afford to pay the premiums Go to Next Module	0 9
j. Insurance company refused coverage	

Go to Next Module 1 0

k. Lost Medicaid or Medical Assistance eligibility

Go to Next Module 1 1

l. Other **Go to Next Module** 8 7

Don't know/Not sure **Go to Next Module** 7 7

Refused **Go to Next Module** 9 9

MOD4_2. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from core Q2.2, Q2.3, or Q2.3a]?

(235)

Read Only if Necessary

**If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"**

a. For less than 12 months (1 to 12 months) 1

b. For less than 2 years (1 to 2 years) 2

c. For less than 3 years (2 to 3 years) 3

d. For less than 5 years (3 to 5 years) 4

e. For 5 or more years 5

Don't know/Not sure 7

Refused 9

MOD4_3a. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from core Q2.2, Q2.3, or Q2.3a] plan? (236)

**If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"**

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

If "no" or
 "Dk/Ns," probe
 "Is there a
 certain number
 you are supposed
 to call to find a
 doctor to go to?"

MOD4_3b. Is there a certain number you are supposed to call to find a doctor to go to?	(???)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MOD4_4. Does your [fill in type (Medicare/Medicaid/health coverage) from core Q2.2, Q2.3, or Q2.3a] plan require you to select a certain doctor or clinic for all of your routine care?(237)

If necessary,
 say "The
 coverage you
 use currently
 to pay for
 most of your
 medical care"

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Do not include
 emergency care
 or referral to
 a specialist

MOD4_5. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q2.2, Q2.3, or Q2.3a], do you have any other type of health care coverage?

(238)

**Do not
include
plans that
only cover
one type of
service or
care**

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent did not have coverage at some time during past 12 months ("Yes" to core Q2.4), continue. Otherwise, go to next module.

MOD4_6. What was the main reason you were without health care coverage during the past 12 months? (239-240)

Reason Code --

Read Only if Necessary

- | | |
|--|-----|
| a. Lost job or changed employers | 0 1 |
| b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change] | 0 2 |
| c. Became divorced or separated | 0 3 |
| d. Spouse or parent died | 0 4 |
| e. Became ineligible because of age or because
left school | 0 5 |
| f. Employer doesn't offer or stopped offering
coverage | 0 6 |

g. Cut back to part time or became temporary employee	0 7
h. Benefits from employer or former employer ran out	0 8
i. Couldn't afford to pay the premiums	0 9
j. Insurance company refused coverage	1 0
k. Lost Medicaid or Medical Assistance eligibility	1 1
l. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

State Module 2: Children=s Health Insurance Coverage (State Module 4: Children=s Health Insurance Coverage from >98)

[If total # of Children reported = 0, Skip to Next Module]

[If total # of Children reported = 1, Skip to RI2_2]

[If total # of Children reported > 1, Read RI2_1]

- RI2_1. (If > 1 child in household) Think about the child there, under age 18, who had a birthday most recently ... (418)
- RI2_2. (Ask if any children in household) What is (that/the) child=s age? (419-420)
- Enter Child=s age — —
- Don=t Know 7 7
- Refused 9 9
- RI2_3. Is (that) child covered by any kind of health care plan, such as health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare, Medicaid, or Rite Care? (421)
- a. Yes (**Skip to RI2_5**) 1
- b. No (**Continue**) 2
- Don=t Know/Not Sure (**Skip RI2_5**) 7
- Refused (**Skip RI2_5**) 9
- RI2_4. How long has it been since the child had health coverage, if ever? (422)
- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (7 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4

	e. 5 or more years ago	5
	Never	6
	Don=t Know/Not Sure	7
	Refused	9
RI2_5.	Was there a time during the last 12 months when the child needed to see a doctor, but could not because of the cost?	(423)
	a. Yes	1
	b. No	2
	Don=t Know/Not Sure	7
	Refused	9
RI2_6.	About how long has it been since this child last visited a doctor for a routine checkup?	(424)
	a. Within the past year (7 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 5 years (2 to 5 years ago)	3
	d. 5 or more years ago	4
	Never	5
	Don=t Know/Not Sure	7
	Refused	9

State Module 3: Quality of Life/Disabilities

The next two questions are about your support needs and life satisfaction.

RI3_1 How often do you get the social and emotional support you need?` (373)

Would you say: **Please Read**

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- or**
- e. Never

5

Do not Don't know / Not sure 7

responses
read these

Refused

9

RI3_2 In general, how satisfied are you with your life? (374)

Would you say: **Please Read**

- a. Very satisfied
- b. Satisfied
- c. Dissatisfied
- d. Very dissatisfied

4

Do not Don't know / Not sure 7

read these
responses

Refused

9

"These next questions are about limitations you may have in your daily life."

RI3_3 Are you limited in the kind or amount of work you can do because of any impairment or

- a. Yes
- b. No

2

	Don't know / Not sure	7
	Refused	9
RI3_4	Because of any impairment or health problem, do you have any trouble learning,	
	a. Yes	
	b. No	2
	Don't know / Not sure	7
	Refused	9
RI3_5	If you use special equipment or help from others to get around, what type do you use? (377-382)	
	Code up to three responses	
	a. No special equipment or help used Go to RI3_7	01
	b. Other people	02
	c. Cane or walking stick	03
	d. Walker	04
	e. Crutch or crutches	05
	f. Manual wheelchair	06
	g. Motorized wheelchair	07
	h. Electric mobility scooter	08
	i. Artificial leg	09
	j. Brace	10
	k. Service animal [i.e., guide dog or other animal specifically trained to provide assistance]	11
	l. Oxygen / special breathing equipment	12
	m. Other (specify): _____	13

	No additional equipment or help for 2nd and 3rd responses	87
	Don't know / Not sure	77
	Refused	99
RI3_6	Using special equipment or help, what is the farthest distance that you can go?	(383)
	Please Read	
	a. Across a small room	1
	b. About the length of a typical house	2
	c. About one or two city blocks	3
	d. About one mile	
	e. More than one mile	5
Do not read these responses	Don't know / Not sure	7
	Refused	9
RI3_7	What is the farthest distance you can walk by yourself, without any special equipment or help from others?	(384)
	Please Read	
	a. Not any distance	1
	b. Across a small room	2
	c. About the length of a typical house	3
	d. About one or two city blocks	4
	e. About one mile	5
	or	
	f. More than one mile	6
Do not read these responses	Don't know / Not sure	7

RI3_8	Are you limited in any way in any activities because of any impairment or health problem? (385)	
	a. Yes	1
	b. No If Ayes= to RI3_3 or RI3_4 or "b-m" on RI3_5, continue. Otherwise, go to RI3_14	2
	Don't know / Not sure If Ayes= to RI3_3 or RI3_4 or "b-m" on RI3_5, continue. Otherwise, go to RI3_14	7
	Refused If Ayes= to RI3_3 or Q RI3_ or "b-m" on RI3_5, continue. Otherwise, go to RI3_14	9

RI3_9 What is the MAJOR impairment or health problem that limits your activities?
(386-387)

	Reason Code	--
If respondent says	a. Arthritis / rheumatism	01
"I'm not limited," say	b. Back or neck problem	02
"I'm referring to the	c. Fractures, bone / joint injury	03
impairment you	d. Walking problem	04
indicated on an	e. Lung / breathing problem	05
earlier question."	f. Hearing problem	06
	g. Eye / vision problem	07
	h. Heart problem	08
	i. Stroke problem	09
	j. Hypertension / high blood pressure	10
	k. Diabetes	11

	1. Cancer	12	
	m. Depresssion / anxiety / emotional problem	13	
	14. Other impairment/problem	14	
	Don't know / Not sure	77	
	Refused	99	
RI3_10	Is this impairment or health problem the result of a work-related illness or injury?	(388)	
	a. Yes	1	
	b. No	2	
	Don't know / Not sure	7	
	Refused	9	
RI3_11	For HOW LONG have your activities been limited because of your major impairment or		
	a. Days	1 _ _	
	b. Weeks	2 _ _	
	c. Months	3 _ _	
	d. Years	4 _ _	
	Don't know / Not sure	7 7 7	
	Refused		
RI3_12	Because of any impairment or health problem, do you need the help of other persons with		
	a. Yes	1	

b. No	2
Don't know / Not sure	7
Refused	9

RI3_13 Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (393)

a. Yes	1
b. No	2
Don't know / Not sure	7
Refused	9

RI3_14 During the past 30 days, for about how many days did PAIN make it hard for you to do your

a. Number of days	--
b. None	8 8
Don't know / Not sure	7 7
Refused	9 9

RI3_15 During the past 30 days, for about how many days have you felt SAD, BLUE, or

a. Number of days	--
b. None	8 8
Don't know / Not sure	7 7
Refused	9 9

RI3_16 During the past 30 days, for about how many days have you felt WORRIED, TENSE, or

	a. Number of days	--
	b. None	8 8
	Don't know / Not sure	7 7
	Refused	9 9
RI3_17	During the past 30 days, for about how many days have you felt that you did not get	
	a. Number of days	--
	b. None	8 8
	Don't know / Not sure	7 7
	Refused	9 9
RI3_18	During the past 30 days, for about how many days have you felt VERY HEALTHY and	
	a. Number of days	--
	b. None	8 8
	Don't know / Not sure	7 7
	Refused	9 9
[IF RESPONDENT ANSWERED ANO≡ TO RI3_3, ANO≡ TO RI3_4, AA≡ TO RI3_5, AND ANO≡ TO RI3_8 THEN ASK RI3_19, RI3_20 ,RI3_21, RI3_22; OTHERWISE SKIP TO NEXT MODULE]		
RI3_19.	Would you say that you have a disability or a health condition lasting more than 12 months?	(404)
	a. Yes	1
	b. No Go to next module	2
	Don=t know/Not sure	7
	Refused Go to next module	9

RI3_20.	What is the disability or health condition lasting more than 12 months?	(405)
a.	Arthritis / rheumatism	01
b.	Back or neck problem	02
c.	Fractures, bone / joint injury	03
d.	Walking problem	04
e.	Lung / breathing problem	05
f.	Hearing problem	06
g.	Eye / vision problem	07
h.	Heart problem	08
i.	Stroke problem	09
j.	Hypertension / high blood pressure	10
k.	Diabetes	11
l.	Cancer	12
m.	Depression / anxiety / emotional problem	13
n.	Other impairment/problem	14
	Don't know / Not sure	21
	Refused	22
RI3_21.	Because of this disability or health condition, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?	(406)
a.	Yes	1

b.	No	2
	Don't know / Not sure	7
	Refused	9
RI3_22.	Because of this disability or health condition, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	(407)
a.	Yes	1
b.	No	2
	Don't know / Not sure	7
	Refused	9

State Module 4: Osteoporosis (State Module 3: Estrogen replacement and Osteoporosis from >98)

I. Estrogen Replacement [If respondent is male, or female under age 45 or female and pregnant, go to RI4_4.]

The next few questions are about menopause, sometimes called the "change of life".

- RI4_1 Have you gone through or are you going through menopause? (425)
- a. Yes, have gone through menopause 1
 - b. Yes, now going through menopause 2
 - c. No (**Go to RI4_4**) 3
 - Don't know / Not sure (**Go to RI4_4**) 7
 - Refused (**Go to RI4_4**) 9
- RI4_2. Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor or health care provider discussed the benefits and risks of estrogen with you? (426)
- a. Yes 1
 - b. No 2
 - Don't know / Not sure 7
 - Refused 9
- RI4_3. Are you currently taking estrogen? (427)
- a. Yes 1
 - b. No 2
 - Don't know / Not sure 7

Refused	9
---------	---

II. Osteoporosis

The next few questions are about osteoporosis, a thinning of the bones which may cause them to break, especially later in life.

- | | | |
|--------|---|-------|
| RI4_4. | Has your doctor or health care provider discussed the risk of osteoporosis with you? | (428) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don=t know / Not sure | 7 |
| | Refused | 9 |
| | | |
| RI4_5. | Has your doctor or health care provider recommended that you take extra calcium and vitamin D to supplement your diet? | (429) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don=t know / Not sure | 7 |
| | Refused | 9 |
| | | |
| RI4_6. | Medicines such as <u>calcitonin</u> and <u>fosamax</u> may be prescribed to prevent or to treat osteoporosis. Calcitonin usually comes as a nasal spray, and may be taken any time during the day. Fosamax comes as a tablet, and must be taken upon arising, before eating. Has your doctor or health care provider prescribed either calcitonin or fosamax for you? | (430) |
| | a. Yes | 1 |
| | b. No | 2 |
| | Don=t know / Not sure | 7 |

Refused

9

State Module 5: Geriatric Depression**{Continue if respondent aged 60 and older; otherwise, skip to next module}**

Choose the best answer for how you have felt over the past week:

[Please make sure that respondents answer about the previous week]

RI5_1.	Are you basically satisfied with your life?	(431)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
RI5_2.	Have you dropped many of your activities and interests?	(432)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
RI5_3.	Do you feel that your life is empty?	(433)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
RI5_4.	Do you often get bored?	(434)

	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_5.	Are you in good spirits most of the time?	(435)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_6.	Are you afraid that something bad is going to happen to you?	(436)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_7.	Do you feel happy most of the time?	(437)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_8.	Do you often feel helpless?	(438)
	a. Yes	1

	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_9.	Do you prefer to stay at home, rather than going out and doing new things?	(439)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_10.	Do you feel you have more problems with memory than most?	(440)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_11.	Do you think it is wonderful to be alive now?	(441)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_12.	Do you feel pretty worthless the way you are now?	(442)
	a. Yes	1

	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_13.	Do you feel full of energy?	(443)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_14.	Do you feel that your situation is hopeless?	(444)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
RI5_15.	Do you think that most people are better off than you are?	(445)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

State Module 6: Intimate Partner Violence (State Module 6: Intimate Partner Violence from >98)

Many families experience violence in their households. Now I'd like to ask you some questions about violence you may have experienced. This is a sensitive topic and some people may feel uncomfortable with these questions. But remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you believe it would not be safe for you to talk about this now, please let me know.

(Note to interviewer: In all questions, do not read the Adon=t know/not sure≡ or Arefused≡ responses. These can be checked only if necessary.)

RI6_1. Looking back on your childhood, did you ever have injuries (such as bruises, cuts, a black eye, broken bones, etc.) as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by your parents or guardians, their spouse, partner, boyfriend or girlfriend? (446)

a. Yes 1

b. No 2

c. Can not answer due to safety 3

Don=t Know/Not Sure 7

Not asked (January-- post processed) 8

Refused 9

RI6_2. As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner? (447)

a. Yes 1

b. No 2

c. Can not answer due to safety 3

Don=t Know/Not Sure 7

Not asked (January-- post processed) 8

Refused 9

RI6_3.	In the past 12 months, have you experienced any violence? By violence we mean being pushed, slapped, hit, punched, shaken, kicked, choked, etc., or being made to take part in any sexual activity when you didn't want to. (Do not include situations that only involve threats, but not actual violence).	(448)
a.	Yes	1
b.	No{If no, goto Question 6}	2
c.	<u>Can not answer due to safety</u>	<u>3</u>
	Don't Know/Not Sure	7
	<u>Not asked (January-- post processed)</u>	<u>8</u>
	Refused	9
RI6_4.	At the time of the violence, what was your relationship to the person who was violent with you in the past 12 months? (If more than one person, choose the person who was most violent with you.)	(449-450)
a.	Spouse or live in partner	01
b.	Former spouse or live in partner (including separated and divorced spouses)	02
c.	Boyfriend/girlfriend	03
d.	Former boyfriend/girlfriend	04
e.	Date	05
f.	Friend	06
g.	Acquaintance	07
h.	Other (Please state:_____)	08
	<u>Can not answer due to safety</u>	<u>33</u>
	Don't Know/Not Sure	77
	<u>Not asked (January-- post processed)</u>	<u>88</u>

Refused 99

RI6_5. Did the violence involve making you take part in any sexual activity when you did not want to? (including touch that made you uncomfortable). (451)

a. Yes 1

b. No 2

c. Can not answer due to safety 3

Don=t Know/Not Sure 7

Not asked (January-- post processed) 8

Refused 9

The next questions ask about your intimate partners, which include any current or former spouse, boyfriend or girlfriend. Someone you dated would also be considered an intimate partner.

RI6_6. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of an intimate partner? (452)

a. Yes 1

b. No 2

c. Can not answer due to safety 3

Don=t Know/Not Sure 7

Not asked (January-- post processed) 8

Refused 9

RI6_7. In the past 12 months, has an intimate partner tried to control most or all of your daily activities, for example, controlling who you can talk to or where you can go? (453)

a. Yes 1

b. No 2

	c. <u>Can not answer due to safety</u>	3	
	Don=t Know/Not Sure	7	
	<u>Not asked (January-- post processed)</u>	8	
	Refused	9	
RI6_8.	In the past 12 months, did you have any injuries (such as bruises, cuts, a black eye, broken bones, etc.) as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by an intimate partner?	(454)	
	a. Yes	1	
	b. No	2	
	c. <u>Can not answer due to safety</u>	3	
	d. Don=t Know/Not Sure	7	
	<u>Not asked (January-- post processed)</u>	8	
	Refused	9	
RI6_9.	In the past 12 months, did you see a doctor, mental health counselor or other health care provider because of physical violence, sexual violence, anger, threats or controlling behavior of an intimate partner against you?	(455)	
	a. Yes	1	
	b. No	2	
	c. <u>Can not answer due to safety</u>	3	
	Don=t Know/Not Sure	7	
	<u>Not asked (January-- post processed)</u>	8	
	Refused	9	
RI6_10.	In the past 12 months, have any of the following resulted from the physical violence, anger, threats, or controlling behavior of an intimate partner? Have you...*?	(456-461)	

A. *been unemployed or missed time at work?	
B. *been unable to attend school or missed time at school?	
C. *moved out, even temporarily?	
D. *had contact with the police?	
E. *sought help from a domestic violence hotline or program?	
F. *obtained a restraining order or had one in effect? (Includes temporary, permanent and/or emergency restraining orders; Also known as protective orders or 209As.)	(462)
a. Yes	1
b. No	2
c. <u>Can not answer due to safety</u>	<u>3</u>
Don=t Know/Not Sure	7
<u>Not asked (January-- post processed)</u>	<u>8</u>
Refused	9

Read to all: If you or anyone you know is ever in immediate danger, they can call 911 or any local police. There is a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number, if you would like to write it down, is 1-800-799 SAFE (7233).

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.